

PLAINTIFF United States of America and Sonja Ware-Boyd, Revenue Officer of the IRS	COURT CASE NUMBER 14-cv2855-STA/tmp
DEFENDANT James Allison	TYPE OF PROCESS Civil

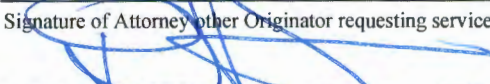
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
James Allison
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1655 Monroe, Memphis, TN 38104

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW David Brackstone AUSA U.S. Attorney's Office 167 N. Main Street, 8th Floor Memphis, Tennessee 38103	Number of process to be served with this Form 285 1	UNITED STATES MARSHAL SERVICE 11/13/14
	Number of parties to be served in this case 1	
	Check for service on U.S.A.	


SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Additional Address: **SEE ORDER COURT DATE 16 DEC 2014 @ 9:30AM COURTROOM #14**

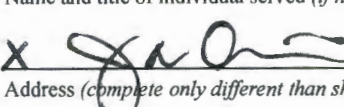
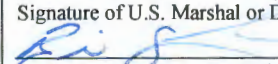
Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 901-544-4231	DATE 11/3/14
--	---	----------------------------------	-----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 76	District to Serve No. 76	Signature of Authorized USMS Deputy or Clerk 	Date 11/3/14
---	---------------	------------------------------	-----------------------------	---	-----------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) X  James Allison	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 11-6-14 Time 4:00pm <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy 

Service Fee 130	Total Mileage Charges including endeavors 6.4 x .50 = 3.20 137.17	Forwarding Fee	Total Charges 137.17	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
--------------------	---	----------------	-------------------------	------------------	---

REMARKS: **1st Attempt Made at 3:50pm by DUSM Sanders on 11-4-14. (No answer)**

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Return to Clerk 11.10.14 (LG)